

CONNECTICUT STATE DEPARTMENT OF EDUCATION  
CHILD NUTRITION PROGRAMS  
SUMMER FOOD SERVICE PROGRAM

SPONSOR/VENDOR AWARD CONFERENCE CHECKLIST

The Preprogram sponsor/vendor meeting was held on\_\_\_\_\_

The people in attendance were: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This checklist is being provided to sponsors who contract for meal service, to assist in establishing the subject matter that should be discussed, and agreed upon, during the preprogram sponsor/vendor meeting. This document is not intended to be all inclusive and in no way relieves sponsor or vendor from their respective responsibilities as established in federal regulations 7CRF.Part 225.

The following topics must be discussed by sponsor and vendor representatives. Each representative must initial in the spaces provided.

A. TRUCK ROUTES

(A timeline should be established for the issuance of the vendor's truck routes. A truck route is a listing of sites per vehicle in the order in which meals will be delivered. It does not establish delivery times).

The truck routes will be given to sponsor on or before\_\_\_\_\_.  
(Date)

SPONSOR  
REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

VENDOR  
REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

B. PREPROGRAM TRIAL DELIVERY RUN

(A trial delivery run should be made if vendor feels sponsors serving times are difficult to meet).

A trial delivery run \_\_\_\_\_ be necessary.  
(Will / will not)

SPONSOR  
REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

VENDOR  
REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

C. BILLING SYSTEM DISALLOWANCES

Sponsor and vendor agree that a bill must be presented which follows the format specified by the contract.

Sponsor agrees that reconciliation of the bill will occur within (7) seven days of receipt. The summary of all adjustments must be attached to the bill and mailed/faxed to the vendor.

The vendor agrees to respond, in writing, to the sponsor adjustments to the billing within seven days of receipt of the bill from the sponsor.

SPONSOR  
REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

VENDOR  
REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

D. MEAL ADJUSTMENTS SYSTEM

(Sponsor must establish who within its organization is authorized to contact vendor with meal increase/decrease and site openings/closings).

The sponsor has authorized \_\_\_\_\_ to communicate meal  
(Name)

increases and decreases, and site openings and closings to vendor representative. Vendor agrees to institute changes within \_\_\_\_\_ hours of notice.

SPONSOR  
REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

VENDOR  
REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

E. TRIP SCHEDULE

(Sponsor and vendor must establish procedures and timelines for reporting any site activity that will affect the regular delivery of meals).

Trip schedules will be communicated to vendor by \_\_\_\_\_  
(Telephone/Letter/Fax)  
and must be received \_\_\_\_\_ hours in advance of the activity.

SPONSOR  
REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

VENDOR  
REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

F. MENU CHANGES

(Sponsor will only consider menu changes when a schedule item is unavailable to the vendor).

Vendor shall notify sponsor \_\_\_\_\_ hours in advance of need to change menu. Sponsor must agree to the intended replacement item.

SPONSOR  
REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

VENDOR  
REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

G. SITE DELIVERY FORM

(Sponsor and vendor should agree on procedure for delivery form, including whether site supervisor will be required to sign delivery form and how much time will be allotted for meals to be counted).

Site supervisor's signature \_\_\_\_\_ be required on delivery  
(Will / will not)

form. Drivers will allow site supervisors \_\_\_\_\_ minutes to inspect and count meals. A copy of the delivery form must be left at the site.

SPONSOR  
REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

VENDOR  
REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

H. REFRIGERATION

(Sponsor and vendor must review specifications highlighted in Schedule A).

Vendor agrees to comply with refrigerated truck specifications as highlighted in the contract and will notify sponsor immediately if the need for changes arise.

SPONSOR  
REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

VENDOR  
REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

I. EMERGENCY COMMUNICATION SYSTEM

(Sponsor and vendor must both identify office coverage schedule in writing below. There must be someone available by phone in each location in the event of emergency one hour prior to earliest meal service delivery schedule OR alternate phone number and contact person provided).

Sponsor office will be covered from \_\_\_\_\_ a.m. until \_\_\_\_\_ p.m.

OR

alternate phone number and contact person \_\_\_\_\_

SPONSOR  
REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

Vendor office will be covered from \_\_\_\_\_ a.m. until \_\_\_\_\_ p.m.

OR

alternate phone number and contact person \_\_\_\_\_

VENDOR  
REPRESENTATIVE

\_\_\_\_\_  
\_\_\_\_\_

Copy sent to state agency on \_\_\_\_\_

Date